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CONFIRMATION NO. 2924

<b>SERIAL NUMBER</b> 10/627,517	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 38349-0120
<b>APPLICANTS</b> Alan Rapacki, Redwood City, CA; Michael Barrett, Campbell, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/399,273 07/26/2002 and claims benefit of 60/429,902 11/27/2002 and is a CIP of 09/797,910 03/02/2001 PAT 6,694,979 and is a CIP of 10/270,792 10/10/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/23/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 67	<b>TOTAL CLAIMS</b> 73
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 20985				
<b>TITLE</b> Bronchial flow control devices and methods of use				
<b>FILING FEE RECEIVED</b> 959	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	